5.3 ADMINISTRATION ON AGING

5.3.1 Introduction

Since the mid-1990s, the U.S. Administration on Aging (AoA) has engaged in intensive training efforts to help the aging services network, consisting of 56 state units on aging, 655 area agencies on aging, 236 tribal and native organizations, and thousands of local service providers, prepare for and cope with the care of older individuals and their caregivers in a disaster event. Since that time, the network has managed assistance following many kinds of disasters – hurricanes, tornadoes, floods, earthquakes, fires, winter storms, heat emergencies, and terrorist activities. Many in the network have developed detailed emergency plans and gained considerable expertise in meeting the special needs and demands of the elderly during such events. Advanced planning, prevention, communication, and coordinated partnerships activated from the federal, state and local levels through the aging services network have been critical for helping to ensure the safety and ongoing care of older persons before, during and after emergency events.

The emergence of a possible human influenza virus pandemic presents a formidable preparedness and response challenge for the Nation and for the aging services network. While some of the concepts and lessons learned during disasters in responding to the needs of elderly persons are applicable to influenza pandemic, the very nature of such an outbreak will require substantial differences in the types of preparedness and response activities that will need to be developed and implemented. A successful containment and response requires a comprehensive and coordinated plan for preparing and mobilizing all partners and resources of the aging services network.

Although risk groups for severe and fatal infections cannot be predicted with certainty, during the annual fall and winter influenza season, older individuals and persons with chronic illnesses are at greater risk of illness and mortality. Regardless of the nature of a future pandemic, immense and serious challenges exist in protecting the health and well-being of older persons not only because of potential risks from contracting the virus, but also because frail and vulnerable older persons are often dependent on caregivers and service providers who provide life sustaining assistance and supports. If these caregivers and service providers become sick or are unable to provide food, transportation, and assistance with activities of daily living, older persons will be at serious risk for adverse health consequences or death.

AoA's operational influenza pandemic plan is based on the principles and assumptions established by the U.S. Department of Health and Human Services' (DHHS) Influenza Pandemic Plan. It provides the framework for preparing for and responding to an influenza pandemic outbreak. To achieve a coordinated preparedness and response system for a pandemic, states, area agencies on aging, and local administrators of aging programs will need to work together to develop plans that can help protect the safety and well-being of vulnerable older individuals. Successful outcomes during such a health crisis will require effective command, control, and communications in a challenging and unpredictable environment. The AoA operational influenza pandemic plan includes the following strategies:

- Ensure that AoA's influenza pandemic efforts involving state, local, tribal, and nonprofit (including faith-based and community) human services organizations are closely coordinated with and complement the DHHS Influenza Pandemic Plan.

- Ensure state, tribal and aging network plans include reporting mechanisms in support of state and national surveillance activities.
- Establish high priority access to vaccinations for aging network staff providing life-sustaining services.
- Provide education and information to seniors, family caregivers, service providers and the aging services network regarding the importance of vaccinations and antiviral drugs, as well as proper protective actions to prevent the spread of the influenza virus.
- Collaborate with the aging services network, national and community aging organizations, and human services providers to ensure vaccines and antiviral drugs are accessible to vulnerable older individuals and their caregivers.
- Assist states, local, tribal, and nonprofit human services organizations to develop strategies to ensure aging services and community activities for older individuals and family caregivers are restored following a pandemic.

AoA's influenza pandemic plan will help mitigate serious health consequences and loss of life through advanced planning and by utilizing the resources afforded by the aging services network. Through the development and implementation of the following plan, AoA seeks to reduce the scope and magnitude of the effects of this potentially catastrophic event on the health and well being of older Americans and their caregivers, as well as the networks in place that serve and assist them.

5.3.1.1 Mission

Maximize the safety and well-being of our vulnerable elderly population, family caregivers, and the aging network service providers during a pandemic, and ensure the continuity of Older Americans Act programs that:

- Make it easer for older people to access an integrated array of health and social supports in their communities;
- Help older people to stay active and healthy;
- Support families in their efforts to care for their loved ones at home and in the community; and
- Ensure the rights of older people and prevent their abuse, neglect and exploitation.

5.3.1.2 Potential Impact/Consequences of a Pandemic on AoA Activities/Services

- AoA workforce reduction due to infectious outbreak disrupts grant making, inhibits monitoring capabilities, and diminishes the capacity of the agency to provide pandemic response coordination, collaboration and technical assistance to the aging services network.
- Widespread disruption of life sustaining services will cause increased risk of clinical events among the population served.
- Reduced congregate and in-home services diminish the ability to support surveillance and reporting activities.
- Ombudsman coverage in long-term care facilities is disrupted.
- Transportation programs operating on reduced capacity are overwhelmed.
- Family caregivers become ill, leaving elders isolated and without life sustaining supports, which would shift additional burden to institutional and clinical settings.

5.3.1.3 Planning Assumptions

- The virus will have the capacity to spread rapidly. Among AoA personnel and aging services network providers, an average of 20% will become ill during a community outbreak.
- The pandemic will be active for several months. In a severe pandemic, absenteeism attributable to illness, the need to care for ill family members, and fear of infection may reach 40% during the peak weeks of a community outbreak, with lower rates of absenteeism during the weeks before and after the peak.
- Multiple waves (periods during which community outbreaks occur across the country) of illness could occur with each wave lasting 2-3 months. Historically, the largest waves have occurred in the fall and winter, but the seasonality of a pandemic cannot be predicted with certainty.
- People may be asymptomatic while infectious.
- Simultaneous outbreaks in communities across the U.S. may limit the ability of any one jurisdiction to provide support and assistance to other areas.
- The pandemic will generate enormous demands on the healthcare system. Of those who become ill with influenza, 50% will seek outpatient medical care.
- There will be delays and shortages in the availability of vaccines and antiviral drugs.
- The pandemic will create significant disruption of national and community infrastructures, including transportation, sanitation, commerce, utilities and public safety, due to widespread illness and death among workers and their families, and concern about ongoing exposure to the virus.
- Containment of the outbreak will require a portion or the entire AoA workforce to operate from home and maintain system capability from a de-centralized structure.
- DHHS entities (e.g. PSC) that perform labor/management functions on behalf of AoA will continue to do so.
- Infected aging services network staff will be unable to provide life sustaining services. There will also be aging network staff reductions caused by fear-based absenteeism.
- Substantial numbers of caregivers of frail and vulnerable elders will become ill or die, further increasing the severe strain on life-sustaining community-based services for older persons.
- A lack of nursing home diversion services will result in the immediate need for clinical or institutional care.

5.3.1.4 Strategic Objectives

- Ensure continuous performance of AoA and aging services network essential functions during an emergency. AoA will attempt to maintain maximum coverage on site and will issue alternative operations only upon: 1) direction from the Department; or 2) significant infection among employees.
- Reduce loss of life.
- Coordinate planning and execution with IGA (Office of Intergovernmental Affairs) and Regional Directors of HHS. Develop plans for transferring functionality between Headquarters and Regions and from one Region to another.
- Protect essential facilities, equipment, vital records, and other assets.
- Reduce or mitigate disruptions to operations.
- Develop the aging network's capability to rapidly respond to an influenza outbreak.

- Open and maintain clear communication between and among all levels of government. Lead "influenza" point person and/or alternates will maintain communications between the Department and AoA.

PART A: AOA INTERNAL PLANNING

5.3.2 Ensuring Continuity of Business Operations (Headquarters and Regional Offices)

The Administration on Aging is charged with serving vulnerable older individuals and overseeing programs and an aging services network that provide life sustaining supports in the community. During a flu pandemic, AoA will be facing staff shortages and the likelihood that essential activities and programs will need to be continued, to the extent feasible, with personnel working from their homes. As such, a number of factors will be important in ensuring continuity of operations for this vulnerable population as part of the AoA and DHHS action plans.

- To the extent feasible, those essential functions that can be completed at home or from a remote location will be initiated (see Appendix A). However, it is also likely that some personnel will be required to report for duty at their official workplace, since all duties and coordination activities cannot be completed from a remote location. Supervisory actions related to time and attendance will be maintained.
- In making policies about anti-viral drugs and vaccinations, aging service providers in the community will need to be considered as health care workers, essential health care support and critical infrastructure sector and given priority per the DHHS guidelines in order to ensure the provision of life sustaining services. If provisions are not made to ensure that these vital services are maintained for frail older individuals, further burdens will be placed on the health care system.
- The aging services network, operating at the community level, can provide an important surveillance function for DHHS, funneling information about conditions in the community up to the federal level, and acting as a clearinghouse of information from the Department down to vulnerable and isolated individuals and their families.
- AoA and DHHS will need to work collaboratively to craft and disseminate public health messages that are not only science based, but are also easily understood and culturally sensitive.

Given the critical nature of Older Americans Act home and community-based services to the health and well-being of millions of older Americans, it will be important to continue the operation of these programs as effectively as possible during a flu pandemic. AoA will need to work to ensure that the components of the DHHS plan are effectively targeted to seniors and their caregivers, as well as to the many diverse entities that serve as part of the aging services provider network.

5.3.2.1 Essential activities and programs

- Oversee the State Formula Grants Program for providing meals, ombudsman operations and other critical services that sustain the lives of senior citizens in the states.
- Oversee the Tribal Formula Grants Program for providing critical services that sustain the lives of senior citizens in Tribal jurisdictions.
- Oversee the Emergency Grants Program, a discretionary grant, which ensures State and Tribal programs that support senior citizens are able to function in emergency circumstances.
- Oversee general grants management by clarifying policies and approving funds disbursement.

- Maintain continuous contact with the Department of Health and Human Services Headquarters. Communicate with and support pandemic response activities of state, local, tribal, and nonprofit (including faith-based and community) human service organizations (Appendix F contains AoA's detailed communications plan during a pandemic).
- Encourage the participation of aging network service providers in making vaccines and antiviral drugs available to vulnerable populations and their caregivers.
- Implement cross-training of staff to ensure coverage in the event of illness or death.
- Assist in medium and long-term social adjustment of individuals, families, and communities throughout the pandemic.

5.3.2.1.1 On-site employee(s) required

- The AoA Continuity of Operations Plan (COOP) provides the basis for AoA's workforce plan during an influenza pandemic. The COOP defines a team, the Emergency Relocation Group (ERG), which will carry out essential functions during an influenza pandemic plan activation. Appendix C outlines the ERG membership and their positions within the team's structure.
- Frank Burns, Deputy Assistant Secretary for Wellness and Community-Based Services will serve as the influenza pandemic coordinator and will be a member of the on-site team. Brian Lutz, Director of the Office for Community-Based Services and Irma Tetzloff, Director of AoA's Regional Support Centers, have been designated as alternate coordinators.
- Should an outbreak impact the ability of a regional office (RO) to function, operations will transfer to the closest unaffected RO. If no RO is available RO operations will transfer to Headquarters (HQ).
- If it is determined that operation of AoA headquarters by the ERG Advanced Group is unsafe, functions will be transferred to the Primary Devolution Site as defined in the following section (2.1.2).

5.3.2.1.2 Alternate worksite options

In the case of a flu pandemic, it is likely that essential operations and communications might need to be carried out from the individual residences of essential personnel. Essential personnel have been provided with laptop computers and blackberry devices if this scenario becomes necessary.

If appropriate, AoA's COOP plan alternate sites could be activated by the Assistant Secretary for Aging (or designate). It contains the following options:

- Primary Relocation Site:
  Woodbridge Telework Center
  13456 Minniville Road
  Woodbridge, VA 22912

  Alternative Relocation Site:
  National Institute of Environmental Health Sciences (NIEHS)
  111 Alexander Drive
  Research Triangle, NC 27709

- Primary Devolution Site:
  AoA Region VIII Office
  1961 Stout Street
  Denver, CO 80294-3538

5.3.2.2 Essential Elements for Maintenance of Business

5.3.2.2.1 Leadership

- The Assistant Secretary for Aging is responsible for the development of viable and executable contingency plans.
- Frank Burns, Deputy Assistant Secretary for Wellness and Community-Based Services, will serve as the a primary contact person for an influenza pandemic response. Brian Lutz, Director of the Office for Community-Based Services and Irma Tetzloff, Director of AoA's Regional Support Centers, have been designated as alternates in the chain of command in the event that the primary contact is unavailable.
- Delegation of authority under the plan creates continuity in the flow of authority from the Assistant Secretary to the Deputy Assistant Secretaries and to their designees. Detailed Orders of Succession are provided in Appendix B.

5.3.2.2.2 Workforce

- Two dozen employees have been designated as needed to perform essential functions. Some will be required to report to their normal duty stations, others will be able to work at home. Those employees and the duties they carry out will be identified by the Assistant Secretary for Aging (or designate) and guidance provided through the appropriate center and office directors.

5.3.2.2.2.1 Employees

- AoA employees include those stationed at the central office in Washington, DC and those stationed at the regional offices (New York, NY; Boston, MA; Atlanta, GA; Chicago, IL; Dallas, TX; Kansas City, MO; Denver, CO; Seattle, WA; and San Francisco, CA).
- Disruptions in the AoA workforce may occur at the central office and one or more regional offices.
- The Emergency Response Group (ERG) (details in Appendix C) will be required to conduct and coordinate AoA essential functions.

5.3.2.2.2.1.1 Policy

- Unless notified by the Assistant Secretary for Aging (or designate), essential employees will report for duty at their normal worksite. All other employees will report to their normal worksite or an alternate worksite that has been approved by the AoA leadership, unless notified to do otherwise by the appropriate center or office director. Each employee will be required to work a minimum of 40 hours per week or on approved annual leave, sick leave, administrative leave or leave without pay. AoA will provide ERG employees with the capability to conduct essential functions from home. Non-ERG employees will be expected to conduct business to the maximum extent possible with resources available at home.

5.3.2.2.2.1.2 Action

- ERG employees at alternate worksites will be expected to maintain connectivity via internet-based e-mail and telephone. Precautions will be taken within Federal Government spaces to reduce the risk of person-to-person transmission of the influenza virus. AoA has provided the necessary resources for ERG employees to conduct essential functions at home. ERG

employees are responsible for assessing capability of non-ERG employees and modifying work responsibilities accordingly.

5.3.2.2.2.2 Ancillary Workforce

- The AoA ancillary workforce includes a variety of contractors. During a pandemic, maintenance of connectivity will be a very high priority. Communications will need to be maintained with off-site contractors and grantees, including a variety of AoA Resource Centers.

5.3.2.2.2.2.1 Policy

- AoA will need to continue to rely on the OS IT support system. ERG employees will be responsible for assessing the capability of other ancillary workforce employees and modify work responsibilities and work sites accordingly.

5.3.2.2.2.2.2 Action

- ERG staff will monitor contractor work and modify responsibilities as applicable.

5.3.2.2.3 Other Inputs

- AoA office space is located in non-governmental facilities; therefore, continuity of these activities will be coordinated with the facility management.

5.3.2.2.3.1 Specific Input

5.3.2.2.3.1.1 Policy

- The "trigger" for putting in place alternate worksite options will rest with guidance from DHHS or from the Assistant Secretary for Aging (or designate).

5.3.2.2.3.1.2 Action

- The AoA Emergency Telephone Tree Notification System will be activated (Appendix D).

5.3.2.2.4 Alternative Methods of Conducting Business

- Several alternatives exist depending upon the location and nature of the pandemic.
- Scenarios:
  - HQ must decentralize functions but can continue operations. Some essential employees will need to report to a duty station, others will be able to work from home.
  - HQ cannot continue functioning and operations transfer to Devolution location (Region VIII office).
  - One or more ROs are affected but can decentralize functions and continue to operate.
  - One or more ROs are affected and cannot continue to operate and operations are transferred to the closest functional RO or HQ.

5.3.2.2.4.1 Authorities

- The National Security Act of 1947, dated July 26, 1947, as amended.
- The Homeland Security Act of 2002 (Public Law 107-296); dated November 25, 2002.
- Executive Order 12148, *Federal Emergency Management*, dated July 20, 1979, as amended.
- Executive Order 12472, *Assignment of National Security and Emergency Preparedness Telecommunications Functions,* dated April 3, 1984.
- Executive Order 12656, *Assignment of Emergency Preparedness Responsibilities,* dated November 18, 1988, as amended.
- Executive Order 13286, *Establishing Office of Homeland Security,* dated February 28, 2003.
- Presidential Decision Directive (PDD)-67, *Enduring Constitutional Government and Continuity of Operations,* dated October 21, 1998.
- *The Older Americans Act of 1965*, (Public Law 89-73), as amended.

5.3.2.2.4.2 Triggers

- The "trigger" for putting in place alternate worksite options and plans will rest with guidance from DHHS or the Assistant Secretary for Aging (or designate).
- AoA will maintain maximum coverage possible on-site and will trigger alternative operations only upon: 1) direction from DHHS; or 2) significant infection among AoA employees.
- Non-HHS triggers will rely on guidance from HHS health agencies that are based on Public Health principles.

5.3.2.2.4.3 Procedures

- AoA will decentralize operations depending on location of the outbreak. Essential personnel will continue to report to their normal worksite through the pandemic influenza outbreak. Non-essential personnel will report to an alternate worksite, work at home as appropriate, be on approved administrative leave, or request annual leave or leave without pay from their supervisors.
- The AoA Emergency Telephone Tree Notification System (Appendix D) will be activated to direct employees to their appropriate duty station. Conferences and regularly scheduled meetings may be cancelled.

5.3.2.2.4.4 Teleconferencing

- By June 2006, AoA will complete its review and finalize assessment capabilities for meeting a potential increased use of teleconferencing activities during an influenza pandemic.

5.3.2.2.4.5 Flexible Worksites

- See Sec. 2.2 – Alternative Worksite Options. Decentralization of the workforce is a focus of AoA's pandemic plan. Alternative worksites have been designated and employees at these sites will have internet access or blackberry communication devices in addition to telephone connections in order to maintain business. Only approved alternate worksites will be used. This alternative worksite option includes continuing operations from the individual homes of ERG personnel and other employees.

5.3.2.2.4.5.1 Training

- Testing, training and exercises of the influenza pandemic plan capabilities is essential to demonstrate, assess, and improve the ability to execute the plan.
- Schedules for testing, training and exercises will be developed by June 2006. Current contracts will be reviewed by June, 2006 to ensure that all essential systems can be accessed from remote sites.

5.3.2.2.4.5.2 Resources/Equipment

- Equipment and resources such as laptop computers, internet connectivity and blackberry (cell phones) have been provided to the ERG.
- Due to cost effectiveness considerations, AoA will not provide hardware and connectivity for all staff in the event that an influenza outbreak requires staff to telecommute from home. By June 2006, AoA will examine the possibility of purchasing inexpensive jump drives to allow essential files to be accessed remotely without compromising the IT infrastructure.

5.3.2.2.5 Other Considerations

5.3.2.2.5.1 Travel

- All but essential travel may be halted. Additionally, meetings with AoA leadership and senior staff will be minimized to reduce the risk of person-to-person transmission of the virus.

5.3.2.2.5.1.1 Policy

- AoA will rely on travel guidance from the White House or DHHS.

5.3.2.2.5.1.2 Action

- National policy regarding travel will be followed. Travel approval will flow through the Office of the Assistant Secretary for Aging.

5.3.2.3 Communications/Education

5.3.2.3.1 Within AoA

- Most of the communications will be carried out by e-mail or telephone. The AoA Emergency Telephone Tree Notification System will be activated (Appendix D). Personnel authorized to work at an alternate site will maintain regular contact with their supervisors.

5.3.2.3.2 With Customers

- HQs and Regional Offices will maintain telephone and e-mail contacts with states and area agencies on aging to provide information and guidance.

5.3.2.4 Potential Scenarios/Testing of Plans

- See references to training in Section 2.3.4.5.1 . This plan will be tested in coordination with other components of the Office of the Secretary.

5.3.3.0 Protecting Employees/Customers

- Safeguards to protect employees and customers from exposure to the influenza virus will be implemented in accordance with directives from the Office of the Secretary.

5.3.3.1 Leave/Absences/Return to Work

- AoA will attempt to maintain maximum coverage on-site and will issue alternative operations only upon: 1) direction from the Department; or 2) significant infection among employees. Absenteeism is expected to be high, even among essential personnel.

5.3.3.2 Vaccine

5.3.3.2.1 Policy

- Information and procedures developed by DHHS as part of the influenza pandemic plan will form the structure for guidance and actions by AoA (eg. there will be limited vaccines and we will need to identify within the context of guidance from DHHS the process for vaccinations that will help ensure continuity of operations).
- Consideration must be given regarding the provision of vaccines and other forms of protection for aging service personnel in communities who are providing life sustaining services.

5.3.3.2.2 Action

- The Assistant Secretary (or designate) will communicate and implement the DHHS developed vaccine procedures through the AoA Emergency Telephone Tree Notification System (Appendix D).

5.3.3.3 Antiviral Drugs

5.3.3.3.1 Policy

- AoA will rely on HHS guidance/policies.

5.3.3.3.2 Action

- The Assistant Secretary (or designate) will communicate and implement the DHHS developed antiviral drug procedures through the AoA Emergency Telephone Tree Notification System (Appendix D).

5.3.3.4 Other Infection Control Measures

5.3.3.4.1 Policy

- AoA will rely on HHS guidance/policies.

5.3.3.4.2 Action

- The Assistant Secretary (or designate) will communicate and implement the DHHS developed infection control measures through the AoA Emergency Telephone Tree Notification System (Appendix D). All AoA employees in Federal spaces will be required to follow the procedures.

5.3.3.5 Healthcare Services

- AoA will rely on HHS guidance/policies. ERG personnel will work with the Department to gather information and updates regarding on-site and off-site clinics and communicate the information to AoA personnel.

5.3.3.5.1 Medical Consultation

- AoA will rely on HHS guidance/policies.

5.3.3.5.2 Emergency Services/Response

- If an emergency condition develops with an employee while at the worksite, the employee or his/her colleagues will immediately contact clinical or emergency medical services to seek assistance. Supervisors and AoA leaders will be notified of the emergency.

5.3.3.5.3 Psychosocial Services

- The Assistant Secretary for Aging (or designate) will develop procedures based on DHHS guidance. Access to mental health and crisis counselors (through the Employee Assistance Program) will be available to all AoA employees.

5.3.3.6 Employees/Customers with Special Needs

- If essential operations need to be continued at an alternate site, the site and COOP plan will accommodate employees with special needs. If special needs employees are working at home, policies will be developed as needed by communications via the AoA Emergency Telephone Tree Notification System (Appendix D).

5.3.3.7 Education/Communication

- The Assistant Secretary (or designate) will develop communications based on DHHS guidance and the AoA leadership will provide communications to AoA staff members on steps to take to reduce the risk of person-to-person transmission of the virus.

5.3.3.8 Resources

5.3.3.8.1 Infection Control Supplies

- Review of infection control supplies will be made by June, 2006 in consultation with the OS and OPHS. By June 2006, AoA will purchase a supply of hand sanitizers, tissues, surface disinfectants, and appropriate masks for distribution during the outbreak.

5.3.3.8.2 Cleaning of Facilities/Equipment

- Based on guidance from the Department, procedures will be developed for appropriate cleaning of facilities/equipment.

5.3.3.8.3 Technology Infrastructure

- By June 2006, AoA will review COOP procedures for records storage and maintenance and develop, if necessary, any additional guidance and procedures for storing, securing and maintaining records if essential activities need to be continued from individual employee residences.

5.3.3.8.4 Financial

- AoA assumes DHHS entities (e.g. PSC) that perform labor/management and financial functions on behalf of AoA's employees will continue to do so.

- Grants management resources to AoA customers will continue as an essential function under the plan.

PART B: PARTICIPATION IN DEPARTMENT PREPARATION AND RESPONSE

5.3.4.0 Introduction: AoA's Role/Responsibility for Departmental Pandemic Preparedness and Response

Given the critical nature of Older Americans Act home and community-based services to the health and well-being of millions of older Americans, it will be important to work with all components of the Department to make sure that the plan is effectively targeted to seniors and their caregivers, as well as to the many diverse entities that serve as part of the aging services provider network. AoA's role and responsibilities include:

- State and Local Preparedness and Response: Work with States, Tribes, and the various entities in the aging services network to encourage the development of pandemic plans. Ensure that these pandemic efforts are closely coordinated with and complement the National DHHS Influenza Pandemic Plan.
- Communication: Maintain continuous contact with DHHS. Communicate with and support pandemic response activities of state, local, tribal, and nonprofit (including faith-based and community) human service organizations. Work with ASPA and others in the Department to disseminate appropriate information and guidance through the aging services network down to communities and individuals.
- Surveillance: the aging services network consists of providers at the community level who serve as "foot soldiers" in providing life sustaining supports. This network can provide information to DHHS regarding conditions and situations at the community level. Ensure state, tribal and aging network plans include reporting mechanisms in support of state and national surveillance activities.
- Public Health Interventions: Help to promote infection control practices in coordination with the Department and state and local health authorities. Encourage the participation of aging network service providers in making vaccines and antiviral drugs available to vulnerable populations.
- Social Adjustment: Assist in medium and long-term social adjustment of individuals, families, and communities throughout the pandemic and its aftermath.

More detailed descriptions of the functions follow.

5.3.4.1 Function(s) of AoA in Federal Pandemic Preparedness and Response

AoA will implement the following action steps in both preparing for, and responding to, an Influenza Pandemic. A timeline of all action steps and a listing of the lead office or person responsible for carrying out each step is contained in Appendix E.

Preparedness Planning in Advance of an Influenza Pandemic:

- AoA has designated a pandemic coordinator (and alternates) who will serve as the primary person to receive flu pandemic information and facilitate communications to and from the agency.
- The Assistant Secretary will issue a "Call to Action" to encourage the aging services network, as well as older Americans and their families, to be active partners in preparing

their states, local communities, workplaces, long-term care facilities and homes for pandemic influenza.

- Provide information to the aging services network, service providers, seniors, and family caregivers, regarding the importance of vaccinations and antiviral drugs, as well as proper protective actions to prevent the spread of the influenza virus.
- Provide information to the aging services network, service providers, seniors, and family caregivers regarding the need to plan for a possible influenza pandemic.
- Encourage states to have a comprehensive inventory of local resources and contacts.
- Encourage states and localities to develop and maintain a list of older persons who may be particularly at risk and with special needs.
- Facilitate and support opportunities for training, drills, and other exercises that test the capabilities of states and area agencies.
- Establish and test communication systems to and between agencies.
- Ensure state and aging network plans include reporting mechanisms in support of state and national surveillance activities.
- Work with DHHS to establish high priority access to vaccinations for aging network staff providing life-sustaining services.
- Collaborate with the aging services network, national and community aging organizations, and human services providers to ensure vaccines and antiviral drugs are accessible to vulnerable older individuals and their caregivers.

Responding to an Influenza Pandemic:

If efforts to contain isolated outbreaks within the U.S. are unsuccessful and influenza spreads quickly to communities either simultaneously or in quick succession, AoA and the aging services network will need to:

- Initiate pandemic plans. AoA will work with federal, state, and local government partners and the private sector to coordinate pandemic influenza preparedness activities and to promote coordinated response capabilities.
- Activate AoA's Emergency Response Group. Maintain communications between DHHS to essential personnel in headquarters and the regions.
- Establish and maintain communications with the aging services network to gather and disseminate information.
- Establish and maintain communications with staff via a call down process to provide direction, support and materials as needed.
- Ensure that AoA's influenza pandemic efforts involving state, local, tribal, and nonprofit (including faith-based and community) human services organizations are closely coordinated with and complement the DHHS Influenza Pandemic Plan.
- Communicate information on senior and family well-being, including the importance and availability of vaccinations and antiviral drugs, as well as proper hygienic practices, to treat pandemic influenza and prevent its spread.

5.3.4.2 AoA's specific roles/responsibilities in state, local, community, and individual preparedness and response

5.3.4.2.1 State

Preparation and Surveillance:

- Work through regional offices to encourage states' units on aging (SUAs), Tribes, and other representatives of the aging network to:

- Prepare pandemic action plans that will:
  - reduce the potential for widespread infection;
  - protect family and professional caregivers;
  - ensure continuation of services through alternative forms of services and alternative sources (neighboring communities and states);
  - ensure LTC, Assisted Living and Senior Housing facilities have plans in place to move or quarantine infected individuals; and
  - identify and network with key agencies for coordination and communication.
- Assist with influenza surveillance and reporting activities through coordination with the Sentinel Provider Network.
- Participate in statewide planning activities.
- Encourage opportunities for training, drills, and other exercises that test the response system.

- Track the status of SUA and Tribes pandemic plan development.
- Gather and disseminate information on best practice planning models.
- Provide special and regular communications on the latest information and guidance from DHHS on pandemic planning preparedness.
- Assist in developing a plan for employees and volunteers who are affected by the pandemic utilizing the DHHS guidelines for identification of personnel meeting with prioritization for health care workers, essential health care support and critical infrastructure sector.
- Support development of tracking systems of older individuals in the community, particularly high-risk, vulnerable, and isolated seniors.

Outbreak Response:

- Communicate with and support the pandemic response activities of state, local, tribal and nonprofit (including faith-based and community) human services organizations including:
  - coordination and provision of vaccinations and anti-viral therapies;
  - provision of substitute caregiver services;
  - arrangement for placement of elder until he/she can return home; and
  - closure of service facilities.

5.3.4.2.2 Local (Area Agency and Tribal Organizations)

- Gather and disseminate information on best practice planning models.
- Encourage the identification and tracking of at-risk and isolated seniors and provide relevant information and materials on model practices.

5.3.4.2.3 Community

- Collaborate with community human services providers (e.g., state and area agencies on aging, senior centers, community action agencies, social service providers, long-term care facilities, public health departments and community health centers, churches, and nonprofits) in making vaccines and antiviral drugs available to vulnerable populations.
- Disseminate information to communities that can assist vulnerable seniors who may have difficulty accessing public information, such as non-English speaking people.
- Activate service level vector control and surveillance reporting activities to contain the spread of the virus.
- Reinforce high priority access to vaccinations for aging network staff providing life-sustaining services.

- Plan for temporary replacement of service providers affected by the pandemic.

5.3.4.2.4 Individual

- Communicate information on senior well-being, including the importance and availability of vaccinations and antiviral drugs, as well as proper hygienic practices, to treat pandemic influenza and prevent its spread.
- Assist with the medium- and long-term adjustment of individuals, families and communities following the pandemic.

5.3.4.3 Communication/Education Strategies

5.3.4.3.1 With Other Departmental Op Divs and Staff Divs

- Implement communication plan to disseminate information throughout the aging network.
- Coordinate pandemic response activities with DHHS partners and the White House to ensure rapid dissemination of up-to-date information.

5.3.4.3.2 With state, local, and community partners

- Secure up-to-date information from DHHS to be disseminated to the states and aging services networks.

5.3.4.3.3 With individuals

- Assist DHHS with a public education and information campaign to: communicate measures the public can take to minimize risk and decrease the spread of infection; provide accurate, understandable and timely information; and reduce fear caused by inaccurate information.
- Keep staff informed of latest information and developments.
- Develop and disseminate senior-targeted public service announcements addressing prevention strategies and availability of clinical services.

APPENDIX A

Staff Division Essential Function Summary*			
ADMINISTRATION ON AGING			
Number of personnel needed	**Essential Functions**	**Currently equipped and planned for TeleWork (X)**	**Is capable of TeleWork if IT infrastructure arranged (X)**
23 (including regions)	Oversee State Formula Grants Program		**X**
	Oversee Tribal Formula Grants Program		**X**
	Oversee Emergency Grants Program		**X**
	Maintain continuous contact with the Department. Communicate with and support pandemic response activities of state, local, tribal and nonprofit human service organizations	**X**	
	Outbreak response - work with the aging services network to ensure that life sustaining community-based programs continue as much as possible during and after a pandemic.		
	Manage AoA personnel issues	**X**	

* Responses reflect the nature of the majority of the work under each function listed. Some aspects of all of the functions could be done from home.

APPENDIX B

LEADERSHIP SUCCESSION/DELEGATION OF AUTHORITY

LEADERSHIP SUCCESSION

As per Executive Order 13250, *Providing an Order of Succession Within the Department of Health and Human Services*, dated December 28, 2001, the Department of Health and Human Services (HHS) Administration on Aging (AoA) has developed the following guidelines for leadership succession.

The following positions in the Office of the Assistant Secretary (OAS) will succeed automatically to the designated individuals in the absence of the incumbent head and in the order listed below. Incumbents in all of the positions listed are hereby delegated the authorities contained in this annex and will perform all duties and responsibilities of their positions when required to ensure continued, uninterrupted direction and supervision and to perform the essential functions and activities of the Office.

Order of Succession Table

Position	Incumbent
Assistant Secretary for Aging	Josefina Carbonell
Deputy Assistant Secretary for Policy and Programs	Edwin Walker
Deputy Assistant Secretary for Management	John Wren
Deputy Assistant Secretary for Wellness and Community Based Services	Frank Burns
Director, Center for Communication and Consumer Services	Carol Crecy
Director, Center for Planning and Policy	Mary Guthrie
Director, Office of Evaluation and Planning	Saadia Greenberg
Director, Office of Budget and Finance	Steve Hagy
Director, Office of Grants Management	Dan Berger
Director, Office of Administrative Services	Valerie Ramos
Regional Administrator, Denver Regional Office	Percy Devine

DELEGATION OF AUTHORITY

Delegation of authority under Continuity of Operations (COOP) creates continuity in the flow of authority from the Assistant Secretary to the Deputy Assistant Secretaries and to their designees.

Delegations of authority letters assign formal authority and responsibility for actions to specific designees. Proper delegation letters should exhibit clarity and provide internal consistency and

allow for further re-delegation. Delegation should be made to positions, not named individuals, and should exhibit the following:

- Alignment of Department assignments of responsibility so that those with the information, knowledge, and concern for responsible outcomes have the means to act accordingly.
- Preclude Department paralysis by avoiding confusion about responsibilities and accountabilities.
- Support by authorizations, signatures, transaction steps, and the paperwork required to support the delegation of authority.
- Review, when applicable, by the Office of General Counsel (OGC).

A delegation of authority should include the following:

- Source of the authority being delegated.
- Position title of the incumbent being delegated the authority.
- Authorities delegated, together with any limitations on or exceptions to their use.
- Extent re-delegation of authority is permitted.
- Date or event that triggers delegation (e.g., COOP implementation).
- Date of termination or the point at which delegation is automatically revoked (e.g., 30 days).
- Citation of any previous delegation that is being amended, superseded, or terminated.
- Name, title, and signature of the official empowered to delegate the authority specified (e.g., Primary Office Head).
- Concurrence, as necessary, by the next higher level of supervision or by the Secretary or appropriate designee.

The memorandum delegating authority should be distributed to each position incumbent to whom the authority is being delegated with a copy to each organizational unit that may be required to take action on documents initiated by the position incumbent to whom authority has been delegated. Copies of delegation of authority will be retained in the vital records of the organization issuing the authority.

APPENDIX C

EMERGENCY RESPONSE GROUP (ERG) MEMBERSHIP

C.1 ERG PERSONNEL

Each Emergency Response Group (ERG) member will report to their duty station or the designated Emergency Relocation Site (ERS) following an Influenza Pandemic Plan activation.

C.2 CERG COMPOSITION

The following ERG Roster outlines the number of personnel assigned to each Tier and their position within the ERG structure.

The nature of the influenza pandemic may require (or permit) that additional personnel be assigned to supplement the ERG. Once the nature of the crisis is known, the AoA Assistant Secretary and Emergency Coordinator will assess the need and feasibility of augmenting the ERG. Requests for additional staff should be made to the appropriate Center.

The AoA Emergency Plan uses a Tier concept. The AoA ERG Team, is divided into three separate Tiers. The ERG Tiers deploy in descending order to the AoA HQ ERS (e.g., the first Tier would deploy immediately, while the second Tier would deploy shortly thereafter, and the third Tier would deploy on an as-needed basis, and fulfill employment obligations from home until notified for deployment.

C.3. ERG Response Structure

a. ERG Roles

- **Immediate Office of the Secretary (IOS).** The IOS provides executive leadership on policy formulation and direction for the operating programs of the AoA, the principal Agency designated to carry out the provisions of the Older Americans Act of 1965. The Assistant Secretary will be responsible for AoA HQ decision-making processes and policy guidance.
- **AoA Emergency Coordinator.** The Emergency Coordinator, in support of the IOS, coordinates the AoA HQ Emergency Plan implementation process, including working closely with first responders to mitigate personal injuries, loss of equipment, vital records, and data systems; coordinating ERG relocation and logistics; and monitoring the Reconstitution process.

- **ERG Tier 1.** Tier 1 deploys immediately to establish operations, sustain emergency strategic command and control operations for AoA HQ, and respond to the emergency. Tier 1 deploys in advance of Tier 2 and Tier 3 to establish the functionality of the ERS, ensure the relocation of ERG members, and establish communications capability with HHS HQ and AoA Regional Offices, with personnel working from virtual offices and with the Agency's critical customers. Tier 1 is staffed with three AoA emergency personnel, including the Emergency Coordinator, the Information Resources Manager, and the director of one of the AoA Centers.

- **ERG Tier 2.** Tier 2 is the core AoA ERG, consisting of Agency leadership and emergency personnel. Tier 2 provides strategic leadership and policy guidance for the Agency, maintains essential Agency functions, and supports normal decision-making processes for AoA HQ during emergency operations.

- **ERG Tier 3.** Tier 3 consists of alternate AoA HQ emergency personnel who would deploy on an as-needed basis. Tier 3 personnel would go home following a plan activation and await instructions.

APPENDIX D

Emergency Telephone Tree Notification Process
Following notification of an emergency incident through the Department of Health and Human Services (HHS) HQ Secretary's Operations Center (SOC), the AoA Emergency Coordinator will notify the AoA Secretary and all Center and Office Directors of the emergency incident. At the time of the initial notification, guidance will be provided outlining initial Agency actions and guidance on the activation of the ERG and employee telephone notification cascades.

AoA has the following two types of emergency telephone notification calling cascades:

1. **ERG Telephone Notification Cascade.** This cascade was developed as part of the Agency COOP Plan to alert members of the ERG prior to notification of all employees of a ERG deployment. The ERG's mission is to deploy to an alternate site and conduct Agency essential functions during an emergency incident that denies access to the Agency HQ. (See Attachment 1.)
2. **All-Employee Telephone Notification Cascade.** All Centers and Offices have developed their own internal employee calling cascades (also known as "phone trees") to ensure dissemination of emergency information and guidance to all AoA staff personnel. (See Attachment 2.)

ERG Telephone Notification Procedures
(Duty and Non-Duty Hours)

The following procedures/steps will be followed in accordance with the AoA Continuity of Operations (COOP) Emergency Response Group (ERG) Telephone Notification Cascade:

1. Following an emergency incident, the Department of Health and Human Services (HHS) Headquarters (HQ) Secretary's Operations Center (SOC) will notify the AoA Emergency Coordinator and the Agency Liaison Officer (ALO) that an emergency incident has occurred that requires Agency COOP activation and/or an emergency notification of all employees.
2. The Emergency Coordinator will inform the AoA Secretary and provide any further information that is known about the incident.
3. Upon approval of COOP activation from the AoA Secretary, the Emergency Coordinator will contact the Center Directors.
4. The Center Directors will contact the ERG members in their offices in accordance with the AoA ERG Telephone Notification Cascade. If the Center Directors are unavailable, the Emergency Coordinator will notify each ERG Team member.
5. If a ERG Team member cannot be contacted, the Center Director should leave a message to call the Emergency Coordinator as soon as possible and continue calling the next person on the list until contact with someone is made.
6. After all calls are made, the Center Directors will notify the Emergency Coordinator to verify that all team members have been notified.

7. The Emergency Coordinator will then report the AoA positive contact rate to the AoA Secretary and the ALO.
8. The ALO will report the AoA ERG Team activation status back to the HHS SOC.

All-Employee Telephone Notification Procedures
(Duty and Non-Duty Hours)

The following procedures/steps will be followed in accordance with the AoA All-Employee Telephone Notification Cascade:

1. Following an emergency incident, the Department of Health and Human Services (HHS) Headquarters (HQ) Secretary's Operations Center (SOC) will notify the AoA Emergency Coordinator and the Agency Liaison Officer (ALO) that an emergency incident has occurred that requires Agency Continuity of Operation (COOP) activation and/or an emergency notification of all employees.
2. The Emergency Coordinator will inform the AoA Secretary of the emergency and provide any further information that is known about the incident.
3. The Emergency Coordinator will contact the Center Directors for them to contact their employees in their Centers and Offices in accordance with the All-Employee Telephone Notification Cascade.
4. Office Directors will initiate their individual office All-Employee Telephone Notification Cascade systems.
5. Upon receiving a call, each employee must contact the next person on their calling cascade. If there is no answer, the employee should leave a message to call the Office Director as soon as possible and continue calling the next person on the list until contact with someone is made.
6. After all calls are made, the last person in each cascade should call their Office Director to report the number of employees notified in their calling cascade.
7. Office Directors will notify their Center Directors of the number of personnel notified.
8. The Center Directors will report that total to the Emergency Coordinator.
9. The Emergency Coordinator will then report the AoA positive contact rate to the AoA Secretary and the ALO.
10. The ALO will report the AoA All-Employee Telephone Notification Cascade status back to the HHS SOC.

APPENDIX E

ACTION PLAN TIMELINE AND DESIGNATION OF LEAD OFFICE RESPONSIBILITIES

PRE-PANDEMIC PLANNING

Action Step	Office/Person Lead	Timeline
Designated Pandemic Coordinator and Alternates	Lead: Deputy Assistant Secretary for Wellness and Community Based Services (CWCBS); Alternates: Director, Center for Communication and Consumer Services (CCCS); Director, Center for Planning and Policy (CPPD)	December 2005
Assistant Secretary for Aging Issues Network "Call to Action"	Inner Office of Secretary	June 2006
Provide Information to Aging Services Network on Need for/Components of Flu Pandemic Plan	Pandemic Coordinator; Center for Communications; Regional Offices	June 2006 - Ongoing
Encourage States to have Comprehensive Inventory of Local Resources	Regional Offices	June 2006 – August 2006
Encourage States/Localities to Develop/Maintain of At-Risk Seniors	Regional Offices	June 2006 – August 2006
Establish and Test Communications Systems to and Between Agencies	Pandemic Coordinator; Center for Communications; CPPD; CWCBS	June 2006 – August 2006
Facilitate Opportunities for State/Local Training, Drills	Pandemic Coordinator; Regional Offices	June 2006 – Oct. 2006
Ensure State and Aging Network Plans Include Reporting Mechanisms	Regional Offices; CWCBS	June 2006 – Oct. 2006
Work with DHHS to Establish Protocols/Process for Vaccinations of Vulnerable Elders & Aging Services Providers	Pandemic Coordinator; Inner Office of Secretary; Regional Offices; CWCBS; CPPD	June 2006 – Oct. 2006

APPENDIX F

EMERGENCY COMMUNICATIONS PLAN DURING A PANDEMIC

Introduction

Public Relations is a key response function during any emergency, including a flu pandemic. From the onset, the media and the public will quickly search for as much information as possible. If the media cannot get the information they need from the official source, they will almost assuredly approach any source that may have information, even if it is only a small piece of the puzzle.

By June 2006, AoA will develop a public relations policy for use during such an emergency situation and provide a spokesperson for the Agency. It is critical during emergencies of any kind that AoA officials join with Departmental officials in speaking with "one voice." All public information releases or statements must be coordinated and disseminated through the spokesperson or other designated staff, in consultation with AoA Leadership. Emphasis must be placed on conveying accurate information to the media and the national network on aging as quickly as possible.

Importance/relevance of issue to Pandemic preparedness and response

Emergency Communications between the AoA, the Aging Services Network, and the public is paramount in providing critical information throughout the emergency management cycle. Communication will need to be readily available to each level of the network. Area agencies on aging will be interfacing with local authorities and directly with those affected by the pandemic.

Emergency communications occurs in two directions: horizontally, with other state-level organizations including the State Emergency Management Agency (SEMA) and vertically, within the aging network. The state unit on aging (SUA) is charged with assuring the flow of information and directives between the area agencies on aging (AAA) and the AoA as well as assuring smooth flow of information from agency to agency across the structure of state government.

Specific Objectives

- Ensure continuous performance of AoA and Aging Network essential functions during an emergency. We will attempt to maintain maximum coverage on site and would issue alternative operations only upon: 1) direction from the Department; or 2) significant infection among employees.
- Reduce or mitigate disruptions to operations.
- Reduce loss of life.
- Support and help to mobilize the aging network in its efforts to plan for a pandemic.
- Open and maintain clear communication between and among all levels of government. Identify lead "influenza" point person and alternates to maintain communications between the Department and AoA.

Planning Assumptions

- AoA efforts will be closely coordinated with HHS efforts and will follow HHS processes and other directives.
- Content will be generated by authoritative sources within HHS (e.g. OS, PHS, CDC) and provided for communication purposes using a controlled process.
- AoA efforts will support the Department efforts to communicate to the general population and specifically the national aging network and older adults.
- AoA will designate a central contact point for all media communications.
- Communications during a pandemic will rely heavily on electronic communications and the internet and must consider the potential for those involved in communications to work at alternate duty stations if work sites are closed. AoA employees and contractor staff responsible for communication will be able to conduct communications work while working at alternative duty stations (e.g., at their homes) should there be a need due to building closures etc.
- Mitigating panic will be a guiding tenant for communication with the national network on aging and older persons.
- AoA coordination will occur with the public health infrastructure.
- AoA will use our partners at the state, area agency and community provider level to enhance outreach to older persons and their caregivers.
- There may be additional costs for communications efforts for both AoA and contractor efforts.

AoA Strategy

AoA will implement an aggressive communications effort including the following components:

A. Communications Command Structure
B. Preparation Phase
C. Informational Structure
D. Products (content vehicles)
E. Dissemination Strategies
F. Education and Training

A. Communications Structure

- Activate communication steering committee who will be responsible for review of content for consistency with HHS issued information that will be disseminated electronically and posted on the website.
- Communicate expectations and responsibilities to state and local partners.
- Establish an Internet Main Page to serve as part of the HHS effort to reach older persons and their families with accurate and readily accessible information. Continually update tools and resources through the www.aoa.gov and www.pandaemicflu.gov websites.
- Working with ASPA, AoA prepares news releases and/or statements for distribution to national, regional, and local media as appropriate.
- Maintain a record that includes the media who were sent press materials (e.g. news releases, biographies, photos of key officials, fact sheets, and other supporting materials).

B. Preparation Phase

- Ensure that emergency contact information for state and area agency directors is maintained and updated on a regular basis.
- Encourage every state and area agencies on aging to include the pandemic flu as a part of their disaster plan.
- Encourage state and local officials to ensure that their provider rosters are up-to-date and that redundant systems are maintained.
- Establish communication protocols based on the HHS Pandemic Influenza Message Maps to assure AoA messages are consistent with broad public health messages.
- Establish a trigger point to begin broad outreach publicizing where audiences should seek information.
- Conduct education and outreach activities on Pandemic Flu Preparedness at national aging meetings and by webinars.
- By June 2006, review and modify as necessary AoA disaster assistance materials and tools.

C. Information Structure

- Develop a Pandemic webpage on AoA.gov.
- Link to other relevant websites such as HHS, CDC, FirstGov, Homeland Security, other federal agencies
- Develop FAQs based on requests for information generated from the aging network.
- Use AoA contact data base as a means of providing information.
- Provide scripts to the Eldercare Locator (1-800 line) and collect information on the number of calls received and from which states they came. Provide a link on Eldercare.gov to the Pandemic webpage on AoA.gov
- Casualty information will be not be released by AoA. If there is an AoA employee among the casualties, the Office of Assistant Secretary for Public Affairs for the U.S. Department of Health and Human Services will release information only after the next of kin have been notified.
- Factual information will be provided to the press and authorities as quickly as facts have been verified. Every effort will be made to quell rumors and correct misstatements.
- Spokespersons do not speculate on anything that is not positively verified, including cause of the incident, damage estimates, and/or losses.

D. Products (content vehicles)

- Press Releases
- Policy Statements
- Fact Sheets
- Letters and email
- eNews

E. Dissemination/Communication Strategies

- Media and external audiences: AoA, working in conjunction with the Office of the Assistant Secretary for Public Affairs (ASPA), will work to alert national, state and community-based aging organizations about the progress of the disease, prevention, and consequences. We would encourage organizations at each level to share the information provided to them with their membership.
- Use AoA internet, AoA regional office phone contacts, webcasts, and town hall meetings as a means of disseminating information.
- Use the aging network infrastructure to share "lessons learned" as well as detail expert disaster staff to assist in other areas.
- Provide feedback on the special needs of older individuals to HHS officials.

F. Education and Training

Develop and conduct training for national aging network based on information provided by CDC and other relevant agencies.